

College of Health and Rehabilitation Science Health Communication Sciences Department Audiology and Balance Program المملكة العربية السعودية وزارة التعليم جامعـة الأميـرة نــورة بنـت عبــدالرحمــن (٠٤٨)

كلية الصحة وعلوم التأهيل قسم علوم الاتصال الصحي برنامج السمع والتوازن

# Audiology and Balance Program Quality System Manual

College of Health and Rehabilitation Sciences
Princess Nourah Bint Abdelrahman University

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Version 1

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المملكة العربية السعودية وزارة التعليم جامعـة الأميـرة نــورة بنـت عبــدالرحمــن (٠٤٨)

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#### 1. Introduction

The Quality Assurance process defines the quality cycle that drives continuous improvement. The Audiology and Balance (AUD) program has a system that responds to the annual assessment, and adapts to external changes. It adheres to the guidelines established by the Deanship of Development and Quality (DDQ) at Princess Nourah Bint Abdulrahman University (PNU) and the College of Health and Rehabilitation Sciences (CHRS).

The program's academic quality assurance policy is designed to maintain high standards, achieve clear outcomes, and foster ongoing enhancement of the program. It is monitored through the program committees that ensure the quality of the program is continously measured and improved. The AUD program documents, integrates, and communicates various quality assurance procedures to all staff members, ensuring compliance with the overall quality guidelines.

The mission and goals of the AUD program are aligned with those of CHRS and PNU, all of which are focused on improving academic programs to support Saudi Arabia's Vision 2030 by preparing qualified and distinguished female professionals in health and rehabilitation sciences.

#### **Program Mission**

Preparing specialized health cadres in audiology and balance by providing knowledge, clinical and research skills to contribute to the community service in the field of audiology and balance.

#### **Program Goals**

- 1. Prepare qualified audiologists that are capable of integrating knowledge and critical thinking skills into their practice.
- 2. Prepare audiologists with clinical competency through intensive clinical training.
- 3. Conduct research in the field of Audiology and Balance.
- 4. Contribute to community service n the field of Audiology and Balance.

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#### 2. Program Quality Administration

The program adheres to the four main stages of the quality cycle established by PNU and CHRS to ensure the completion of the continuous development and improvement processes, as illustrated in Figure 1.



Figure 1. Quality cycle

The college organizational structure, illustrated in Figure 2, highlights the relationships between the college's vice-deanships, departments, and administrative units.

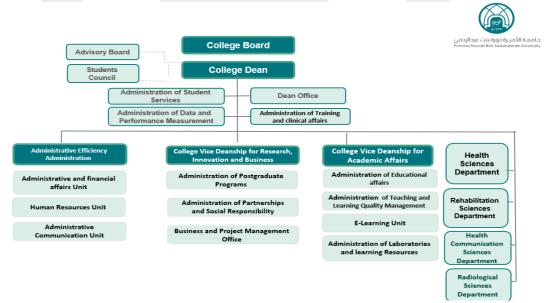


Figure 2. CHRS Organizational Structure

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The organizational structure of the quality management system within the program aligns with the college's organizational structure, as shown in Figure 3. At the beginning of each academic year, the program committee meets to approve the structure of the program's committees, including the members and tasks of each committee. The program follows the same organizational committees as the CHRS.

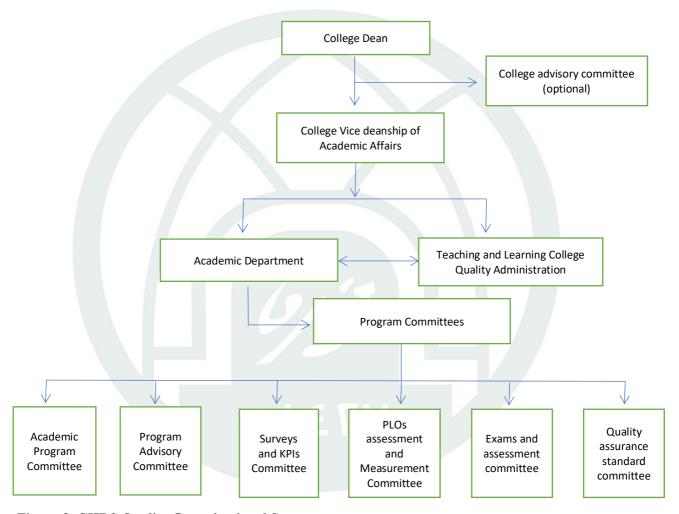


Figure 3. CHRS Quality Organizational Structure

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#### 2.1 Tasks and Responsibilities

The CHRS Teaching & Learning Quality Administration is responsible for overseeing and ensuring the quality of teaching and learning within the college. Here's a summary of their key duties:

- 1. Annual Planning: Preparing and monitoring the yearly plan for the Quality of Teaching and Learning Management Office.
- 2. Strategic Contribution: Participating in the college's executive plan through membership in the Strategic Plan Development Committee.
- 3. Program Quality: Helping to meet quality standards in both new and existing programs through involvement in the Academic Programs Development Committee.
- 4. Quality Promotion: Promoting a culture of quality and academic accreditation by coordinating training for faculty in collaboration with the Deanship of Quality Assurance and Accreditation.
- 5. Documentation: Ensuring that all quality assurance and accreditation requirements are met, and archiving related documents electronically.
- 6. Accreditation Monitoring: Overseeing the timeline for academic program accreditation.
- 7. **Implementation**: Executing recommendations from the College Advisory Council.
- 8. **Survey Monitoring**: Monitoring the activation and analysis of the evaluation surveys.
- 9. Supervision: Overseeing the activities of "Quality Friends" who help educate students about college study programs.
- 10. Continuous Improvement: Ensuring the ongoing development and enhancement of all programs.
- 11. Additional Tasks: Performing any other duties related to the field as assigned.

The role of the **Program Director** focuses on ensuring the quality and continuous improvement of academic programs. Here's a summary of their key responsibilities:

- 1. Committee Meetings: Organizing at least three Academic Program Committee meetings each semester to implement the Quality Management System (QMS) and oversee program development and improvement, ensuring the quality loop is closed.
- 2. Quality Assurance: Monitoring the execution of program quality assurance procedures assigned to the Academic Program Committee.
- 3. **Recommendation Implementation:** Supervising the application of recommendations from the Program Advisory Committee.
- 4. Development Plans: Preparing program development action plans in coordination with the Academic Program Committee and overseeing their implementation.
- 5. Documentation: Ensuring the program's quality documents are complete, archiving them electronically, getting approval from the Department Head, and submitting them to the Quality of Teaching and Learning Management in the College.
- 6. External Review Coordination: Organizing mock visits and external review visits in coordination with the Academic Program Committee.
- 7. **Student Supervision**: Supervising the nomination of students to be "Quality Friends."
- 8. Additional Tasks: Carrying out any other duties related to their specialization as assigned.

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The <u>College Quality Reviewer</u> is a key figure within the college, tasked with ensuring the quality of the college's programs. Appointed by the College Dean, the reviewer is an experienced internal reviewer in the field of quality. To allow her to focus on this crucial role, her teaching load is reduced. Her primary responsibilities include:

- 1. **Policy Development**: Contributing to the formulation of the college's general policies on quality assurance and academic accreditation by participating in the "Committee for the Development of Academic Programs and Graduate Studies Programs."
- 2. **Strategic Guidance**: Offering advice and recommendations regarding the implementation plans of the college through involvement in the "Committee for the Development of the College Strategic Plan."
- 3. **Document Review**: Reviewing documents submitted to the "Standing Committee for Study Plans and Curricula," including, but not limited to, program development, the creation of new programs, establishment of exit points, and major program modifications.
- 4. **Educational Support**: Organizing workshops and special meetings to enhance the understanding and implementation of quality standards among college members.

The <u>Deanship Quality Internal Reviewer</u> is responsible for evaluating and ensuring the quality of academic programs, particularly when they are being considered for international or national accreditation. Selected by the DDQ, the reviewer performs the following key tasks:

- 1. **Coordination**: Meeting with the Academic Program Committee to organize and coordinate the internal review process.
- 2. **Quality Management System Review**: Assessing the program's quality management system to ensure all processes are complete and that the quality loop is effectively closed.
- 3. **Program Tree Review**: Evaluating the program tree, including the mission, objectives, and graduate attributes, ensuring their alignment with the department, college, and university missions
- 4. **Learning Outcomes Review**: Reviewing program learning outcomes (PLOs), performance indicators, rubrics, and the PLOs measurement plan, along with related reports and development plans.
- 5. **Program and Course Specifications**: Reviewing the specifications of the program and individual courses to ensure they meet quality standards.
- 6. **Report Review**: Reviewing the program's annual report and samples of course reports to verify their accuracy and completeness.
- 7. **KPI Reports**: Assessing KPI reports, surveys, and their associated development plans.
- 8. **Consultation**: Providing expert consultations to prepare the program for any stage in the quality and accreditation process.
- 9. **Training and Expertise Sharing**: Conducting training workshops organized by the DQAA and sharing expertise in quality and academic accreditation.
- 10. **Additional Tasks**: Undertaking any other duties related to their field of specialization as assigned.

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#### 2.2 Assessment of Program Quality and Performance

The program is monitored by the Academic Program Committees, which ensure that the program's quality is measured and improved. Additionally, college staff and students are actively engaged in the quality process. The comprehensive assessment of the program quality involves a structured approach that integrates various methods and components to ensure continuous improvement. Below is a detailed breakdown:

#### **Assessment Methods**

#### **Direct Methods**

- o **PLOs**: Evaluating how well students meet the established learning outcomes.
- o **Key Performance Indicators (KPIs)**: Monitoring specific metrics to measure program effectiveness.

#### **Indirect Methods**

o **Surveys**: Gathering feedback from students, graduates and employers.

An annual program report details the program's performance during the academic year, reviews progress from the previous year, and outlines action plans for the next year. The report covers various aspects of program quality assurance, including the improvement plan. The report includes the following elements:

- 1. Program Tree.
- 2. Graduate attributes assessment.
- 3. PLOs assessment.
- 4. Surveys including students, graduates, employers, teaching staff, and administrative staff.
- 5. Program KPIs.
- 6. Course Portfolio.
- 7. Faculty Performance Evaluation (Job Performance Charter)

All required documents and processes follow a timeline arranged by the CHRS Teaching & Learning Quality Administration, ensuring timely and organized evaluation and reporting as shown in Table 1 below.

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**Table 1. Timeline of requirements** 

Requirements		1 <sup>st</sup> ser	mester				2 <sup>nd</sup> sei	mester		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Formation of program quality committees										
Program quality committees' reports										
Program graduate attribute and PLOs measurement report										
Program performance indicators reports										
Submission of the course portfolio (of the previous semester)										
Annual report of academic programs										
Development plans of: 1.Course survey										
2. General surveys				5						
3. Follow up the implementation of development plans										

#### 2.2.1 Program Tree

It demonstrates the alignment between the program's mission, objectives, and learning outcomes, which is reflected in the course learning outcomes.

Table 2. Alignment of the Program Mission with Department, College and University Missions

PNU Mission	College Mission	Program Mission
Princess Nourah bint Abdulrahman University is a comprehensive university for women, distinguished by its leadership in education and scientific research. It contributes to establishing a knowledge-based economy with societal and global partnerships.	the latest standards for the	by providing knowledge, clinical

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Table 3. Alignment of the Program goals with, College and University strategic goals

	PNU Strategic Goals	C	ollege Strategic Goals		Program Goals
1.	Provision of quality academic curricula that prepare students for success and enable them to excel in business with the proper professional ethics.	1.	Qualify specialized cadres in the fields of health and rehabilitation sciences capable of	1.	Prepare qualified audiologists that are capable of integrating knowledge and critical thinking skills into their
2.	Provide PNU students with the skills that enable them to achieve success in both life and work, through the provision of an innovative academic environment that focuses on the students.	2.	professional practice according to the latest standards Promote continuous learning and innovation according	2.	practice. Prepare audiologists with clinical competency through intensive clinical training.
3.	Acquiring and applying knowledge through international communications and incorporating this knowledge into academic curricula.	3.	to modern technology. Produce researches in the field of healthcare that contribute to the application of	<ul><li>3.</li><li>4.</li></ul>	Conduct research in the field of audiology and balance.  Contribute to community service in
4.	Serving women and family-related causes, and integrating community service into PNU programs.	4.	evidence-based practice. Contribute effectively		the field of Audiology and Balance.
5.	Strengthen capabilities and improve the quality of PNU human resources working in the fields of education, research, and management, through the provision of relevant programs.		to improving community's health and quality of life in collaboration with relevant sectors		
6.	Establishing the processes and systems necessary for achieving effective performance in PNU. The diversification of sources of finance in PNU to achieve financial		Televant sectors		
7.	autonomy and sustainability Institutional enablers supporting excellence, sustainability and financial stability				

#### 2.2.2 Graduate Attributes Assessment

The AUD program has 5 graduate attributes, which are aligned with the program PLOs and with the PNU graduate attributes, as shown in Table 4. Each Program Graduate Attribute (PGA) is assessed using both direct and indirect methods, with a target achievement of 75%. The direct method was aligned with relevant PLOs, helping to identify areas for action and courses in need of improvement. Additionally, PGAs were measured using indirect methods through three main surveys: for graduates, employers, and students evaluating the program. Then the graduate attribute is measured through equal weight of both



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direct and indirect measures (Table 5). This assessment is typically conducted at the end of the second semester of each academic year, following the evaluation of the PLos and the completion of surveys. The employer survey is distributed to employers of graduates from the previous year, while the graduate survey is sent to all graduates from the previous year at the beginning of the second semester.

A review of the graduate attributes is done periodically every five years. The review process takes into consideration the changes in the program and the feedback from the stakeholders (alumni, academic staff, employers, and the program advisory committee).

Table 4. Alignment between the PGA and the University graduate attributes and the PLOs

	Program GA	PNU GA	Program Learning Outcomes
1.	Knowledgeable of the basic concepts, theories and clinical experience associated with the field of audiology and balance.	Awareness and knowledge	K1: Identify basic concepts and theories in general sciences.  K2: Recognize basic theoretical and clinical sciences of the scope of audiology and balance.  S1: Perform full test battery related to the diagnosis and rehabilitation of audio-vestibular dysfunction.
2.	Able to think critically and be creative in solving problems related to different challenges of audiology and balance.	Analysis and creativity	S2: Apply problem-solving skills in the diagnosis and rehabilitation of different audiovestibular dysfunctions.
3.	Can acquire the skills in applying research using modern technology in the field of audiology and balance	Leading businesses + Informational competency	S3: Conduct research in the field of audiology and balance using modern technology
4.	Capable of complying with "Standards of Professional Performance" and the "Code of Ethics for the Profession of audiologists".	Values	V1: Demonstrate ethics of audiology and balance profession.
5.	Participate in the community services related to audiology and balance.	Community service	S1: Perform full test battery related to the diagnosis and rehabilitation of audio-vestibular dysfunction.  V1: Demonstrate ethics of audiology and balance profession.

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#### Table 5. Summary of PGA measurement

	Direct measurement score	Indirect measurement score	50% of direct measurement score	50% of indirect measurement score	Total	Target
PGA-1						
PGA-2						
PGA-3						
PGA-4						
PGA-5						

#### Assessment procedures and assigned tasks

- Task A: Measure PLOs by the beginning of the next academic year.
- Task B: Collect and analyze survey data (i.e. graduates survey, employers survey, and students evaluating the program survey) by the Data Management and Performance Measurement Administration, and submit the results to the Vice Deanship of Academic Affairs (Quality of Teaching and Learning Administration).
- Task C: Discuss results and develop improvement plans, documenting them in an annual Graduate Attribute Report prepared by the Program Committee.
- Task D: Monitor the implementation of the improvement plan by the Program Committee.

#### 2.2.3 Assessment of the Program Learning Outcomes (PLOs)

The PLOs are formulated in alignment with the three domains of the National Qualification Framework (NQF):

- 1. Knowledge and Understanding
- 2. Skills
- 3. Values

#### The program's PLOs are:

**K1:** Identify basic concepts and theories in general sciences.

**K2:** Recognize basic theoretical and clinical sciences of the scope of audiology and balance.

**S1:** Perform full test battery related to the diagnosis and rehabilitation of audio-vestibular dysfunction.

**S2:** Apply problem-solving skills in the diagnosis and rehabilitation of different audio-vestibular dysfunctions.

**S3:** Conduct research in the field of audiology and balance using modern technology.

V1: Demonstrate ethics of audiology and balance profession.

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The PLOs are assessed to determine how well the program as a whole prepares students to achieve the learning outcomes and to identify curricular gaps. It is assessed annually and reviewed every 5 years based on program decisions. The assessment plan employs multiple tools and methods to evaluate the progress and achievement of PLOs. The assessment process is illustrated as follows:

#### Direct Method (50%):

- 1. Identify the required domain(s) to be measured from each course using the mapping matrix.
- 2. Select the assessment methods for each PLO (i.e. written exams, clinical exam, assignment, case discussion, etc..).
- 3. Establish a timeline for measuring all PLOs.
- 4. Calculate the average mark as the achievement percentage for each domain.
- 5. Develop recommendations for improvement and a follow-up plan based on the results.
- 6. Cut-off value is 75%.

#### **Indirect Method (50%):**

- 1. Identify the surveys required for assessment, these are the graduate survey, the employer survey and the students' evaluation of the program (end of program) survey.
- 2. Determine the relevant items from each survey.
- 3. Set a timeline for the dissemination and analysis of the surveys.
- 4. Measure the level of satisfaction for the identified items from the surveys.
- 5. Develop recommendations for improvement and a follow-up plan based on the results.

#### Assessment procedures and assigned tasks:

The process of the annual assessment of PLOs assessment has a clear timeline for the program to follow as shown in Table 6.

#### Task A: (PLOs Assessment and Measurement Committee)

- Identify the assessment courses and methods for each PLO.
- Develop a plan to measure all PLOs throughout the year.

#### Task B: (PLOs Assessment and Measurement Committee)

- Collect results from course assessment reports, which include:
  - o Measure
  - Results
  - Analysis: strengths and weaknesses
  - o Recommendations and Action Plan

#### **Task C: (Quality Deanship)**

- Disseminate the surveys regarding PLOs to graduates, employers and final level students.
- Analysis

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#### Task D: (PLOs Assessment and Measurement Committee)

- Measure the achievement of each PLO based on course assessment results.
- Analyze the results to identify strengths and areas for improvement.
- Formulate recommendations and actions to improve, tailored to each PLO's results.
- Prepare the PLO assessment report at the end of the academic year, including:
  - o Results
  - o Analysis
  - o Recommendations
  - Action Plan with a timeline and assigned responsibilities

#### **Task E: (Program Committee)**

• Monitor the implementation of the action plan twice annually.

Table 6. Timeline for the assessment of the PLOs

Year		First semester			Second	econd semester					
	Month	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
First	Task A										
year	Task B										
	Task C										
Second	Task D									1	
year	Task E										

#### 2.2.4 Surveys

The program assesses its performance annually using validated surveys from the DDQ, which include:

- 1. Student satisfaction with the quality of courses.
- 2. Student evaluation of the program (mid-program).
- 3. Student evaluation of the program (end of program).
- 4. Graduate evaluation of the program.
- 5. Employer evaluation of the program's graduates.
- 6. Satisfaction with university services and environment (students, faculty, and administrative staff).

Table 7 contains information about each survey.

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Table 7. Surveys, their target population, time of distribution, and the responsible party

Survey	Target population	Time of distribution	Responsible party
Student satisfaction with the quality of courses	Students at all levels	At the end of each semester	Through "Jadeer" system
Student evaluation of the program (mid- program)	Level 6	During the second semester	The distribution through programs under supervision and organization of KPIs' unit
Student evaluation of the program (end of program)	Level 8	During the second semester	The distribution through programs under supervision and organization of KPIs' unit
Graduate evaluation of the program	Graduates	End of internship	AUD program and Graduates unit
Employer evaluation of the program's graduates	Employers	During the Second semester	AUD program and Training and internship administration
Satisfaction with university services and environment	Students, Faculty, and administrative staff	During the Second semester	The distribution through programs, and HR, under supervision and organization of KPIs' unit

Based on the timeline provided annually by the Management and Performance Measurement Administration at CHRS and the PNU DDQ, the survey assessment process includes the following steps:

Task A: Distribute surveys to the target population at the specified times.

Task B: Collect and analyze survey data to identify strengths and areas for improvement.

**Task C**: Submit survey reports to the Program Committee for discussion and preparation of a comprehensive assessment report. This report should include:

- Results
- Analysis: strengths and weaknesses
- Recommendations
- Action Plans

**Task D**: Monitor the implementation of the action plan annually by the Program Committee.

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The program also uses annual surveys distributed through CHRS, which include:

- 1. Student satisfaction with library services.
- 2. Student satisfaction with academic advising.
- 3. Student satisfaction with laboratory services.
- 4. Student satisfaction with computer labs.
- 5. Graduate evaluation of training and internships.

These surveys are instrumental in measuring program performance indicators.

#### 2.2..5 The Program Performance Indicators (KPIs)

The program assesses its performance and the achievement of operational plan goals through various KPIs linked to program goals and objectives. This includes the 11 KPIs required by the NCAAA, as well as program-specific KPIs outlined in the operational plan. KPIs are measured using various methods, including surveys and data collection, depending on the KPI's objective. Each KPI includes the following benchmarks:

- 1. Actual Performance: The current performance level achieved.
- 2. **Targeted Performance Level**: The performance level that the program aims to achieve.
- 3. **Internal Reference (Internal Benchmark)**: Comparison of current year KPIs with those from the previous academic year.
- 4. **External Reference (External Benchmark)**: Comparison of program performance with that of similar programs at other universities.

Note. The number of KPIs required by the NCAAA was initially 17, but it has been reduced to 11. Starting from the academic year 1446 AH, the program will adhere to the updated NCAAA KPIs (11). However, for the academic year 1445 AH, the remaining 6 KPIs will be assessed separately in a report that will be considered as the Trend Analysis Report Over Years.

#### 2.2.6 Course Portfolio

One of the ways through which the program monitors its quality is by preparing and monitoring courses portfolio. The course portfolio is a comprehensive collection of documents related to a course, detailing its planning, processes, and outcomes. Each course has its portfolio prepared by the end of each semester. The Quality of Teaching and Learning Administration reviews and reflects on these portfolios at the end of each semester, following the process described later in this section. The components of the course portfolio include:

- Updated CV: Current curriculum vitae of the course instructor.
- Course Specification: Details what the program commits to providing in the course. Prepared by the program using the NCAAA template and sent to the course instructor before the semester begins to guide course delivery. It contains basic information on the course, the overall objectives of the course, the course content, course learning outcomes, teaching and learning strategies, student assessment methods, student academic counseling and support, a list of books and references, the facilities required for teaching and learning, and course evaluation and improvement processes.
- Course Syllabus: Contains key information about the course, intended for use by both instructors and students.

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قسم علوم الاتصال الصحي

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- At the start of each semester the course coordinator is required to upload a copy of the course outline on the Blackboard (the Electronic Learning System) and discuss the course information to students in the first week. This is monitored by the E. Learning Unit at CHRS.

- At the end of the course, the course syllabus is used to guide the preparation of the course report (described below).
- Course Report: Documents the planning, process, and outcomes of the course, including course delivery, student results, course learning outcomes, quality evaluation, challenges, and improvement plans.
- Midterm and Final Exams and Model Answers: Copies of exams and their model answers.
- Sample of Student Grades: Examples of student grades from midterms and final exams.
- **Grading Rubric**: For clinical/practical assessments and assignments.
- Sample of students grades for practical/clinical exams and assignments.
- Exam Peer Evaluation: Peer review of each written exam to ensure validity and reliability.
- Students' Success Rate: Overview of the distribution of students' grades (percentage of students achieving A, B, C, D, and F). It reflects a quality measure of ensuring that students successfully complete their course. Students' grade distribution is also recorded and reflected on in the course report.
- Course learning outcome report
- Item analysis report
- Exam blueprint

#### 2.2.7 Faculty Performance Evaluation

Faculty performance evaluation is crucial for ensuring the quality of the program. The system used aligns with the University's procedures and requires comprehensive documentation and analysis of the Faculty Performance Profile (FPP), which covers four areas: teaching, research, community service and professional development activities. Additionally, faculty members are evaluated on 6 competencies, each with a specific description and relative weight. These competencies include:

- 1. Responsibility
- 2. Cooperation
- 3. Communication
- 4. Achievement of results
- 5. Staff development
- 6. Commitment

Evaluations are conducted annually by the Head of the Department (or Dean, depending on the faculty member's position). The process consists of the following steps:

- 1. The Head of the Department (or Dean) establishes clear objectives and metrics at the beginning of the academic year. The faculty member receives a copy of these annual performance objectives and metrics through email and may discuss them with the Head of the Department, if needed.
- 2. At the end of the academic year, the faculty member compiles and submits supporting materials to the Head of the Department (or Dean), including evidence of meeting the established objectives and metrics.
- 3. The Head of the Department (or Dean) reviews the submitted materials and completes the Faculty Performance Evaluation Form using an electronic system called "Tayseer".
- 4. If any objectives are not met, the faculty member is advised to develop an improvement plan for the following academic year.

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#### 2.3 Examination and Check Stage

The program collects and analyzes the results of measuring learning outcomes to identify strengths and areas for improvement. This is achieved through the following reports:

- 1. Course Report.
- 2. Field Experience Report.
- 3. Annual Program Report.

#### 2.3.1 Course Report

The course report is a key document detailing the planning, process, and outcomes of a course. The process for handling course reports includes the following steps:

- 1. **Preparation**: At the end of the course, the course instructor, prepares the course report and submits it to the program coordinator as part of the course portfolio.
- 2. **Review and Compilation**: The program director reviews all course reports and prepares a comprehensive course review report that summarizes challenges, recommendations, and action plans documented in the individual course reports.
- 3. **Submission to Program Committee**: The comprehensive course review report is submitted to the program committee.
- 4. **Discussion and Communication**: The program committee studies and discusses the recommendations from the course reports. Decisions and suggestions are communicated to the academic departments for further discussion in the department council.
- 5. **Incorporation into Annual Report**: Final recommendations are included in the Annual Program Report and sent back to the program committee.
- 6. **Approval Process**: The Annual Program Report is forwarded to the department council and then to the college council through Academic Affairs for approval.
- 7. **Follow-Up:** The program committee follows up on the implementation of the action plans.

#### 2.3.2 Field Experience Report

One of the key areas in assuring the quality of the program is field experience. The program provides practice experiences where students can develop essential clinical skills. These practice experiences are designed to align with the overall program outcomes. The internship year includes rotations in various clinical practice areas, with fixed regulations outlined in the internship manual. The Training and Internship Administration oversees the management of Clinical Practice experiences. Detailed tasks are described in the Program Internship Manual and the Field Experience Specification.

#### Tasks:

The students start their training within 2 months after completing all courses from level 1 to level 8.

**Task A:** Before the training starts, the training coordinator organizes the training sites and preceptors based on previous agreements and availability.

**Task B:** Assign the students to different rotation sites.

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**Task C:** Provide both students and preceptors with the rotation manual, which includes objectives and assessment methods.

**Task D:** Schedule site visits to training sites to monitor the training and get feedback from preceptors and students for continuous improvements.

Task E: Reieve students assessment data from the Training and Internship Administration.

**Task F:** Send preceptors and training site surveys to the internship students at the end of the training.

#### 2.3.3 Annual Program Report (APR)

Program monitoring is an ongoing process that involves continuous review through the APR. The APR includes results from PLOs, KPIs, and surveys. The APR process is reflective, involving the collection and analysis of evidence to compare program performance against key performance indicators or benchmarks. This comparison aims to drive program improvements.

#### **Data Collection Method and Timeline for the Assessment Process:**

**Task A**: At the begining of the academic year, the program director communicates with various committees and faculty members to collect the required information regarding the previous year. Each committee or responsible party fills in the specified sections of the APR template.

Task B: The program director finalizes the APR, ensuring each section includes:

- Results
- Analysis: strengths and areas for improvement
- Recommendations
- Action plans

**Task C**: The APR is submitted to the Program Committee for discussion and finalization of recommendations and action plans. It is then forwarded to the department council and the college council through the College Teaching and Learning Quality Administration for approval.

**Task D**: The program committee follows up on the implementation of action plans throughout the academic year.

The program has a clear timeline for preparing the APR as shown in Table 8.

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Table 8: Timeline for preparation of the APR

Year		First semester					Second semester				
1 Cai	Month	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
First	Task A										
year	Task B										
ycar	Task C										
Second year	Task D										

# 3. Policies and Procedures for Approving, Modifying, and Reviewing Academic Programs and Courses

#### 3.1 Periodic Program Review

A Periodic Program Review (PPR) is a comprehensive evaluation of the program's quality and standards. It provides an in-depth analysis of how effectively the program is achieving its mission and objectives. In accordance with NCAAA requirements for program accreditation, a PPR is conducted every five years. This review results in a self-contained report detailing the program's quality and effectiveness.

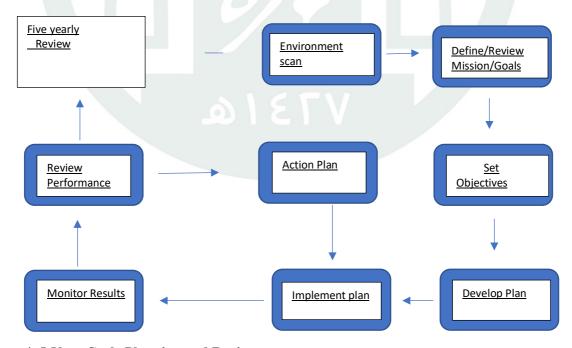


Figure 4. 5-Year Cycle Planning and Review

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#### Responsibilities of the Program Committee in the PPR

- **Ensure Regular Reviews**: Oversee that the program conducts a PPR on a regular basis, in line with the five-year cycle.
- **Organize and Support**: Coordinate and support the PPR process, ensuring that adequate resources are allocated to conduct the review effectively.
- Review the Report: Receive and review the PPR report, considering its findings and recommendations.
- **Implement Actions**: Take necessary actions based on the deliberations of the report to address any identified issues or areas for improvement.

#### 3.2 Development Suggestions

The development of an academic program involves modifications or changes made during the periodic review cycle or in response to new developments and labor market needs. These changes can be major or minor and include:

- 1. Complete Study Plan Development: Overhaul of the entire study plan.
- 2. **Program Name Change**: Altering the name of the program.
- 3. **Change in Total Program Hours**: Adjusting the total number of credit hours required for the program.
- 4. **Course Addition or Deletion**: Adding new courses or removing existing ones from the program.
- 5. Change in Course Hours: Modifying the credit hours assigned to individual courses.
- 6. Course Name or Symbol Change: Changing the name or code of a course.
- 7. **Reordering or Sequencing Courses**: Altering the sequence of courses, or changing courses from optional to compulsory and vice versa.
- 8. **Adjusting Prerequisites**: Adding, removing, or modifying prerequisite requirements for courses.
- 9. **Development of Mission and Goals**: Revising the mission and goals of the program, department, or college.

#### 3.2.1 Minor changes

Minor changes to course specifications involve small adjustments made to enhance the program's effectiveness while maintaining its overall structure. These updates are reflected in the course syllabus and include:

- **Modification of Teaching Strategies**: Adjusting teaching methods and assessment techniques to improve student learning.
- Changes to Teaching and Learning Time: Increasing or modifying the allocated time for teaching and learning activities to better support students.
- **Assessment Weighting**: Altering the distribution of weights among different assessment components.
- **References**: Editing or adding secondary references in the course materials.
- Admission Requirements: Adjusting the criteria for program admission.

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- Course Objectives and Learning Outcomes: Modifying the objectives and learning outcomes of the course.
- **Field Experience Specifications**: Updating the requirements or details related to field experience.
- Course Description: Adding or removing topics in the course description.

To implement these minor changes, appropriate documentation must be submitted by the Program Committee to the Department Council and subsequently to the Quality of Teaching and Learning Administration. It is essential to record and incorporate all changes into the updated course and program specifications.

#### 3.2.2 Major Changes:

Major changes to the program involve significant modifications to key components and structures, which may include:

- Mission and Objectives: Altering the program's mission and objectives.
- **Program Aims and Learning Outcomes**: Revising the overall aims and program learning outcomes.
- Program Title, Duration, or Mode(s) of Study: Changing the program's title, length, or modes of delivery.
- **Degree Title**: Modifying the academic degree title awarded by the program.
- Assessment Regulations: Adjusting the rules and regulations governing program assessments.
- Resource Requirements: Adding significant new resources necessary for the program.
- **Program Scope and Structure**: Changing the overall structure, such as introducing new pathways.
- Credit Units: Modifying the total credit units required at any level, including the addition of new courses or changes to existing courses.
- Course Name and Coding: Changing the name and code of specific courses.
- Exit Point Modifications: Creating or canceling modifications at the program's exit points.

All major changes require approval from the College Council, the Vice Rectorate of Academic Affairs, and the University Council.

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#### 4. Program Committees

The program has 5 committees to follow the quality assurance system of the program.

#### **Term of Membership**

The term of membership is a full academic year, and members may renew their terms according to developments.

#### **Decision Making**

Decisions are taken unanimously. In case of disagreement, votes are taken, and the chairperson shall have the casting vote when votes are equal.

#### 4.1 The Academic Program Committee

The Academic Program Committee is responsible for ensuring the quality of the program, as well as qualifying the program for academic accreditation, and monitoring its continuous improvement.

#### Membership

Department Head (if applicable)
 Program Director
 At least 3 faculty members
 Administrative Quality Coordinator
 Chairperson
 Deputy chair
 Members
 Administrative Assistant

#### Tasks

- Spreading the culture of quality and academic accreditation, and building the capabilities of the program members to work in favor of quality assurance and academic accreditation.
- Planning for the program quality assurance and achieving academic accreditation.
- Implementing the PNU and CHRS QSM.
- Implementing the recommendations of the Program Advisory Committee.
- Monitoring the implementation of the program quality assurance procedures that include but are not limited to: the program and course specifications, preparing the program and course annual reports, preparing the self-study report, activating surveys, measuring KPIs, and the program operational plan (Action Plans).
- Organizing an external mock review visit for the program.
- Submitting accreditation documents, preparing the program members for the external review visit, and ensuring the validity of the program's response to NCAAA recommendations, in coordination with the Deanship of Quality Assurance and Accreditation.
- Overseeing the program continuous process of development and improvement.

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- Operation
- Meetings
- The committee holds periodoc meetings upon the invitation of its chair, with no less than three mettings per semester.

Table 9. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Quality Management Requirements of Programs During the Academic Year	Submission Time
Formulation of quality committees in programs	The beginning of every academic year
The annual program report	At the beginning of the academic year
Reports of the Quality Committees of the	The end of academic year
Program	
The course portfolio	Two weeks after the final exam
Periodic reports for the implementation of the	During the academic year based on the plan for
time plan for the stages of academic	the program
accreditation	
Approving the PLOs report	At the beginning of the academic year
Approving KPIs report	At the beginning of the academic year
Approving developmental plans	At the beginning of the academic year

#### 4.2 The Committee of the PLOs Assessment and Measurement

The Committee of Program Learning Outcomes Assessment & Measurement is a sub-committee of the Academic Program Committee. It is responsible for measuring and assessing the learning outcomes of the program.

#### • Membership

-	Program Director	Chairperson
-	Faculty Member	Deputy chair
-	At least 2 Faculty members	Members

- Administrative Quality Coordinator Administrative Assistant

#### • Tasks

- Reviewing the PLOs and ensuring their alignment with the program objectives.
- Developing the program rubrics to measure the learning outcomes and identify performance indicators for each outcome.
- Developing action plans to measure the PLOs and determine the courses and levels through which the learning outcomes will be measured.
- Reviewing the course rubrics and ensuring their alignment with the program rubrics.
- Collecting and analyzing results, then identifying points of strengths, needs and suggestions for development in order to present them to the Academic Program Committee.

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#### • Operation

#### - Meetings

The committee holds periodic meetings upon the invitation of the chairperson, with no less than two meetings per year.

Table 10. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Quality Management Requirements of Programs During the Academic Year	Submission Time
Ensure commitment to teaching strategies and assessment methods	Throughout the semester
Exam peer-review	Before each exam
PLOs report	The begining of the next academic year

#### 4.3 Survey and Performance Indicators Committee

The Committee of Surveys & Performance Indicators is a sub-committee of the Academic Program Committee. It is responsible of activating quality surveys, collecting the program performance indicators data and values, and monitoring the program improvements and development plans.

#### Membership

Program Director Chairperson
 Faculty Member Deputy chair
 At least 3 faculty members Members

- Administrative Quality Coordinator Administrative Assistant

#### Tasks

- Monitoring surveys response rates and increasing them by publishing the surveys links among target groups.
- Collecting the program's performance indicators values.
- Preparing the necessary program surveys & KPIs reports and ensuring the implementation of their results.
- Presenting the results to the Academic Program Committee, as well as providing the results to the Data Management Unit in the college.
- Conducting a benchmark comparison at the program level.

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#### • Operation

#### - Meetings

The committee holds periodic meetings upon the invitation of the chairperson, with no less than twice per year.

Table 11. Time-line for delivery of all Quality Management Requirements of Programs During the Academic Year

Quality Management Requirements of Programs During the Academic Year	Submission Time
KPI report	At the begining of the next academic year
Dissemination of surveys	As reported in Table 7
Course survey developmental plans	At the end of the academic year after obtaining the results
Follow up the implementation of development plans	During the academic year

#### 4.4 Exam and Assessment Committee

Membership

Program Director
 Faculty Member
 Staff members
 Administrative Quality Coordinator

Chairperson

 Deputy chair
 At least 3 Members
 Administrative Assistant

#### Tasks

- Prepare a plan for reviewing tests and distributing tasks to faculty members.
- Matching the grade distribution table approved by the PLO Assessment Committee with the exam questions.
- Review the test questions within the educational program and verify that the questions are linked to the targeted learning outcomes.
- Determine the results of the tests in each semester, analyze the results, and suggest appropriate recommendations.
- Review the test results in accordance with the review plan in Point (1) and match the students' grade sheets to the final course result for all courses before posting the result.
- Counting the results of graduation projects, field training, and courses that do not have final exams in each semester, analyzing the results, and proposing appropriate recommendations.
- Identify the courses in which there was a deviation from the standard curve, review the results of all evaluation methods for those courses, review (comment on students' results) in the course report, and then prepare a report on the reasons for the deviation in the results.

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- Study issues related to tests (students' excuses for absence, requests for re-correction, and grievances over grades) and submit them to the department council.
- Receiving female students' complaints about tests, studying them, recommending taking legal action regarding them, and then submitting them to the department council.
- Suggest the necessary training for members on assessment methods, such as a question developer course.
- Prepare an annual report on the committee's activities and submit it to the program director.
- Prepare question banks for the Exit Exam, upload the exam questions to Blackboard, prepare the students for the exam, conduct the exam, analyze the data, and prepare a report.

#### Operation

- Meetings

The committee holds periodic meetings upon the invitation of the chairperson, with no less than twice per year.

The committee report should be submitted by the end of each semester.

#### 4.5 Advisory Committee

- Membership
- Head of the Department
- Program Director
- Secretary of the Committee
- 3 to 5 faculty members who are experienced in higher education, scientific research & community service
- 3 to 5 external stakeholders of employers & local community
- 3 to 5 professional & academic practitioners & quality experts both from public & private sectors in the field of specialization
- 1 to 2 of the program's prominent graduates who are active in the Graduates & Community Committee & have joined labor market
- 1 to 2 Representatives of the Student Council
- The Program Administrative Quality Coordinator

#### Tasks:

- Identifying the needs of professional institutions, and providing advice and suggestions to assist in the development of the program and its study plan, in order to meet labor market needs.
- Encouraging professional institutions of both public and private sectors to participate in the training and educational programs offered by the program, including short courses and workshops, as well as lectures and seminars.

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- Reviewing the program's mission, goals, objectives and performance indicators in light of new scientific and technological developments and labor market requirements, by providing an academic and professional insight regarding education, scientific research and community service.
- Reviewing the program and course intended learning outcomes, and their compatibility with the National Qualifications Framework and labor market needs.
- Reviewing the program specification and annual reports and providing feedback on the study plan & courses in terms of their novelty and distinction in achieving the program
- objectives and outcomes, which helps in preparing the program's continuous development and improvement plans.
- Evaluating all the program activities, both curricular and extracurricular, considering the academic accreditation standards.
- Reviewing the results of the program performance indicators, and recommending the selection of appropriate external benchmarks.
- Reviewing the program's graduate attributes, which should be clear in its mission statement and reflected in its intended learning outcomes.
- **Operation**
- **Meetings**

Two meetings per year.

The committee report should be submitted by the end of each semester.

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- CHRS Manual of policies and procedures for approving, modifying, and reviewing academic programs and courses, Version One, 2022

Approved by	Department Council
Number	2
Date	09/09/2024



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